

# State of Washingtonay 13 1997 Application for a Water Right

For Ecology Use Fee Paid 10 Date <u>5-/3</u>-

Please follow the attached instructions to avoid a structure of the struct Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM Name Port of Walla Walla Jim Kuntz, Mgr. Home Tel:(\_\_\_\_)\_ Mailing Address P.O. Box 1021 1077 Work Tel:( 509 ) 525 - 3100 City Walla Walla Zip+4 99362 + FAX:(509) 525 - 3101 State WA Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION **☒** Same as above Home Tel:( Name Work Tel:( ) -Mailing Address State Zip+4 + FAX:( ) -City Relationship to applicant Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than \(\big(1,200 \, \omega \mathbb{m}\)\) ( gallons per minute or □ cubic feet per second) from a □ surface water source or □ ground water source (check only one) for the purpose(s) of Industrial/Manufacturing/Commercial \_\_\_\_. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. [INDUSTRIAL /MANUFACTURING AND FIRE PROTECTION] Estimate a maximum annual quantity to be used in acre-feet per year: 1,936 Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed: From / / to / / Section 4. WATER SOURCE If SURFACE WATER If GROUNDWATER one A permit is desired for well(s). Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 12-inch diameter, 800-foot deep

#### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: approximately 1,500 feet south and approximately 1,500 feet west of the N.E. corner, Section 2; T8N; R30E

¹¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
	A 01	Section	Township	Range(L/ 11)		Lot	Block	Subdivision
SW 14	NE 14	2	8N	30E	Walla Walla			

Priority Date: 5 For Ecology Use Date Received: 5/13/97

SEPA: Exempt Not Exempt

FERC License #

Dept. Of Health #

Date Accepted As Complete

Date Returned

WRIA:

ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

Appl. No.:

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATIO  (Completed for all domestic/public supply uses.)  A. Number of "connections" requested: Type of connection  B. Are you within the area of an approved water system?	
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Dairy - # Milking # Non-milking	low)
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#### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? It is likely that there will be a storage reservoir associated with this project. NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Just north of the town of Burbank, west of State Highway 12, south of the Snake River bridge.

## Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.) See attached USGS map and survey map.

## Section 11. PROPERTY OWNERSHIP

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) owner(s):					

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

ĕ YES □ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with

Applicant (or authorized representative)

May Date

Landowner for place of use (if same as applicant, write "same")

Date

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We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (da		application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

**APPLICATION** 

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Use this page to continue your answers to any questions on the application. Please indicate section

Consultation of the State

number before answer.

(360) 407-6006 (TDD).